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CONFIRMATION NO. 3792

SERIAL NUMBER 10/735,331	FILING OR 371(c) DATE 12/12/2003 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. MNOAP004
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/433,261 12/12/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\****NONE***IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*****\*\* 03/24/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	1	18	2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

23689

**TITLE**

Percutaneous removal of sentinel lymph node using contrast imaging for identification

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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